SCHEDULE E)	PAGE 1 OF 4 FOR SE OF FORM 24/48	
NAME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼	
CREDO SUPERPAC		
	C C00507517	
Check If 24-hour report X 48-hour report New report	Amends report filed on	
Full Name (Last, First, Middle Initial) of Payee	Date	
Michael Eagle		
	08 01 2012	
Mailing Address 22 Clover Lane		
	Amount	
City State Zip Co	1062.50	
Wayne PA 19087	Transaction ID : SE.7106	
Purpose of Expenditure Category/		
Туре	Senate District: 08	
Name of Federal Candidate Supported or Opposed by Expenditure:	President	
MICHAEL G. FITZPATRICK	Check One: Support X Oppose	
	Disbursement For: Primary General	
Calendar Year-To-Date Per Election for Office Sought	4924.04	
ioi onice sought	Other (specify)	
Full Name (Last, First, Middle Initial) of Payee	Date	
Michael Eagle	M - M / D - D / Y - Y - Y	
Mailing Address 22 Clover Lane	08 14 2012	
22 Glover Larie	Amount	
City State Zip Co	ode 1062.50	
Wayne PA 19087		
Purpose of Expenditure Category/	Transaction ID : SE.7110 Office Sought: → House State: PA	
Payroll Type		
Name of Federal Candidate Supported or Opposed by Expenditure:	President 08	
MICHAEL G. FITZPATRICK	Check One: Support Oppose	
WIGHALE G. THEFAINIGK		
Calendar Year-To-Date Per Election	Disbursement For: Primary General 8858.19	
for Office Sought	Other (specify)	
•		
(a) SUBTOTAL of Itemized Independent Expenditures	2125.00	
	7 7 7	
(b) SUBTOTAL of Unitemized Independent Expenditures		
(-,		
(c) TOTAL Independent Expenditures		
(c) TOTAL independent experiditures	>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert		
with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political		
party committee) any political party committee or its agent.		
Becky Bond		
[Electronically Fi	iled] Date 08 16 2012	
Signature		

SCHEDULE E)	PAGE 2 OF 4 FOR SE OF FORM 24/48	
NAME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼	
CREDO SUPERPAC	C C00507517	
Check If 24-hour report 48-hour report New report Amends repo	rt filed on	
Full Name (Last, First, Middle Initial) of Payee Impact Dialing	Date	
Mailing Address 3543 19th Street	08 07 2012 Amount	
City State Zip Code	Amount	
San Fracisco CA 94110	1723.78	
Purpose of Expenditure Phones Category/ Type	Office Sought: House State: PA Senate District: 08	
Name of Federal Candidate Supported or Opposed by Expenditure:	President	
MICHAEL G. FITZPATRICK	Check One: Support Oppose	
Calendar Year-To-Date Per Election for Office Sought 7795.69	Disbursement For: Primary General 2012 Other (specify)	
Full Name (Last, First, Middle Initial) of Payee Anthony Smith	Date 08 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 9113 Stratus Cir.	American	
City State Zip Code	Amount	
Manlius NY 13104	625.00	
Purpose of Expenditure Payroll Category/ Type	Office Sought: House State: PA Senate District: 08	
Name of Federal Candidate Supported or Opposed by Expenditure: MICHAEL G. FITZPATRICK	Check One: Support Oppose	
Calendar Year-To-Date Per Election for Office Sought 5446.91	Disbursement For: Primary General 2012 Other (specify)	
(a) SUBTOTAL of Itemized Independent Expenditures	2348.78	
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		
Becky Bond [Electronically Filed] Date	08 16 2012	
Signature		

SCHEDULE E)	PAGE 3 OF 4 FOR SE OF FORM 24/48	
NAME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼	
CREDO SUPERPAC	C C00507517	
Check If 24-hour report X 48-hour report New report Amends repo	rt filed on	
Full Name (Last, First, Middle Initial) of Payee Anthony Smith	Date	
Mailing Address 9113 Stratus Cir.	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	Amount	
City State Zip Code Manlius NY 13104	625.00 Transaction ID : SE.7111	
Purpose of Expenditure Payroll Category/ Type	Office Sought: House State: PA Senate District: 08	
Name of Federal Candidate Supported or Opposed by Expenditure:	President	
MICHAEL G. FITZPATRICK	Check One: Support Oppose	
Calendar Year-To-Date Per Election 9483.19 for Office Sought	Disbursement For: Primary General 2012 Other (specify)	
Full Name (Last, First, Middle Initial) of Payee Collin Steele	Date 08 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 417 Summit House	00 01 2012	
	Amount	
City State Zip Code West Chester PA 19382	625.00 Transaction ID : SE.7108	
Purpose of Expenditure Payroll Category/ Type	Office Sought: House State: PA Senate District: 08	
Name of Federal Candidate Supported or Opposed by Expenditure: MICHAEL G. FITZPATRICK	President Check One: Support Oppose	
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General 2012 Other (specify)	
(a) SUBTOTAL of Itemized Independent Expenditures	. 1250.00	
(b) SUBTOTAL of Unitemized Independent Expenditures	•	
(c) TOTAL Independent Expenditures	>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		
Becky Bond [Electronically Filed] Date	08 16 2012	
Signature		

(SCHEDULE E)	PAGE 4 OF 4 FOR SE OF FORM 24/48
NAME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼
CREDO SUPERPAC	C C00507517
Check If 24-hour report X 48-hour report New report Amends report	filed on M = M / D = D / Y = Y = Y
Full Name (Last, First, Middle Initial) of Payee	
Collin Steele	Date M M / D D / Y Y Y Y Y Y Y Y Y
Mailing Address 417 Summit House	Amount
City State Zip Code	
West Chester PA 19382	625.00 Transaction ID : SE.7112
Purpose of Expenditure Payroll Category/ Type	Office Sought: House State: PA Senate District: 08
Name of Federal Candidate Supported or Opposed by Expenditure:	President
	Check One: Support Oppose
Calcillat real-10-Date Fet Election	Disbursement For: Primary General Other (specify)
Full Name (Last, First, Middle Initial) of Payee	Date
	M M / D D / Y B Y B Y
Mailing Address	
	Amount
City State Zip Code	
Purpose of Expenditure Category/ Type	Office Sought: House State: Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure:	President
	Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	625.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
	7 7 7
(c) TOTAL Independent Expenditures	6348.78
Under penalty of perjury I certify that the independent expenditures reported herein were no with, or at the request or suggestion of, any candidate or authorized committee or agent of e party committee) any political party committee or its agent.	
Becky Bond [Electronically Filed] Data	08 16 2012
Signature [Electronically Filea] Date	08 16 2012